

**TRI-TOWN Emergency Medical Service
Payment for Training Request Form**

Employee's Name:		Application Date:	
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Course Type:	<input type="checkbox"/> Continuing Education <input type="checkbox"/> Refresher <input type="checkbox"/> Conference <input type="checkbox"/> Other	Course Date(s):	
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Course Location:	
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Course Cost:		Funding Description:	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Emp. Paid for Time <input type="checkbox"/> Pre-Paid (RTP & Service Required Only)
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Employees will be compensated for their time only for service required trainings. Unless otherwise specified, indicating the "Employee Paid for Time" will result in the form being rejected.

Number of CEH's / CEU's:		Course Title:	
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Course Description/Justification for Payment:	

By signing below, I acknowledge that I have provided information that is accurate to the best of my ability and is consistent with the service's policies. If approved by the Service Director or their designee, the training may be considered a work assignment and as such, I also acknowledge my requirement to attend the course, regardless of the course being pre-paid by the service or being reimbursed.

Employee's Signature:		Date:	
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Approved to be Pre-Paid by Service
 Approved for Reimbursement
 Approved Emp. Paid
 Rejected: REASON (Not Required) _____

Service Director's OR Designee's Signature:		Date:	
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